

CLAIMS ONLY	Application Number <div style="font-size: 1.5em; font-family: cursive;">10/620968</div>	Filing Date
Applicant(s) 		

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/						51					
2	/						52		/			
3		/					53	/	/			
4		/					54		/			
5		/					55		/			
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41		/					91					
42		/					92					
43		/					93					
44		/					94					
45		/					95					
46		/					96					
47		/					97					
48		/					98					
49	/						99					
50		/					100					
Total Indep	6						Total Indep					
Total Depend	19						Total Depend					
Total Claims	25						Total Claims					